



SUPERIOR COURT OF CALIFORNIA, COUNTY OF ALAMEDA EMPLOYMENT APPLICATION

An Equal Opportunity/Affirmative Action Employer

Human Resources & Labor Relations Bureau
1225 Fallon Street, Room 105, Oakland, CA 94612
(510) 271-5153 (Voice); (510) 465-3929 (TDD)

24 Hour Job Hotline (510) 208-3906
www.co.alameda.ca.us/courts

OFFICE USE ONLY

A ☐ S ☐ R ☐ Date _____

Reason _____

By: _____

Instructions: Please complete all sections.

1. Type or print in blue or black ink.
2. Notify the Human Resources & Labor Relations Bureau of any change of address or phone number.

TITLE OF POSITION FOR WHICH YOU ARE APPLYING:

NAME				
	LAST NAME	FIRST NAME	MIDDLE NAME	
ADDRESS				
	NUMBER, STREET AND APT. #	CITY	STATE	ZIP CODE
CONTACT NUMBERS	HOME PHONE ()	WORK PHONE ()		
	CELLULAR PHONE ()	EMAIL ADDRESS		
IF YOU ARE NOW EMPLOYED BY SUPERIOR COURT	REGULAR <input type="checkbox"/> TEMPORARY <input type="checkbox"/> PROVISIONAL <input type="checkbox"/> SERVICES-AS-NEEDED <input type="checkbox"/> VOLUNTEER/INTERN <input type="checkbox"/>			
	JOB TITLE:			
	DIVISION:		COURT LOCATION:	
DRIVER'S LICENSE	THIS INFORMATION MUST BE PROVIDED IF A DRIVER'S LICENSE IS A MINIMUM REQUIREMENT FOR THE POSITION.		CLASS C LICENSE	
			STATE AND NUMBER: _____	
		EXPIRATION DATE: _____		
ELIGIBILITY	CAN YOU, UPON EMPLOYMENT, PROVIDE PROOF OF IDENTITY AND PROOF OF ELIGIBILITY TO WORK IN THE UNITED STATES? Yes <input type="checkbox"/> No <input type="checkbox"/>			

SPECIAL SKILLS AND ABILITIES

Related to or required by the position for which you are applying.

COMPUTER KNOWLEDGE

TYPE OF COMPUTER: PC ☐ MAINFRAME/DATABASE ☐ WORD PROCESSING SPEED (If applicable): _____ WPM

PROGRAM	NAME OF SOFTWARE/APPLICATIONS	TYPES OF DOCUMENTS	LEVEL OF EXPERTISE (Limited, Proficient or Expert)
WORD PROCESSING			
SPREADSHEETS			
DESKTOP PUBLISHING/GRAPHICS			
DATABASES			

SPECIAL SKILLS AND ABILITIES (Continued)
Related to or required by the position for which you are applying.

PROGRAM	NAME OF SOFTWARE/APPLICATIONS	TYPES OF DOCUMENTS	LEVEL OF EXPERTISE (Limited, Proficient or Expert)
OPERATING SYSTEMS			
FINANCE SYSTEMS			
CASE MANAGEMENT SYSTEMS			
INTERNET			
OTHER PC SOFTWARE			

LANGUAGES OTHER THAN ENGLISH

(Must complete Language section if applying for Court Interpreter Pro Tempore. Attach proof of certification or registration.)
PLEASE LIST YOUR LANGUAGE(S) BELOW:

LANGUAGE #1 _____ FLUENT IN SPEAKING _____ READING _____ WRITING _____

LANGUAGE #2 _____ FLUENT IN SPEAKING _____ READING _____ WRITING _____

CERTIFICATION NUMBER _____ REGISTRATION NUMBER _____

EDUCATION

HIGH SCHOOL EDUCATION

HIGHEST GRADE COMPLETED _____ ☐ GRADUATED ☐ GED ☐ LAST YEAR ATTENDED _____

COLLEGE/UNIVERSITY

TYPE OF DEGREE	NAME OF COLLEGE/UNIVERSITY	COURSE OF STUDY/MAJOR	# OF YEARS COMPLETED	DEGREE AWARDED?		LAST YEAR OR YEAR DEGREE AWARDED
				YES	NO	

JOB-RELATED ACADEMIC, TECHNICAL OR VOCATIONAL TRAINING

NAME AND LOCATION OF INSTITUTION	TITLE OR DESCRIPTION OF PROGRAM	LENGTH OF PROGRAM	DATES ATTENDED

PROFESSIONAL CREDENTIALS (LICENSES, CERTIFICATES, REGISTRATIONS)
Related to or required by the position for which you are applying.

NAME OR DESCRIPTION	ISSUING AGENCY OR BOARD	SERIAL #	ISSUE DATE	EXPIRATION DATE

EMPLOYMENT HISTORY – PAID, UNPAID

Beginning with your most recent job, list all jobs that you believe may be related to the position for which you are applying. Carefully describe all experience, paid or unpaid, which shows how you meet the minimum qualifications as stated in the job announcement. If you need more space, attach additional sheets. If you are or were employed in an organization in which you held multiple positions, please list each job title separately. **Completion of this section is required**; however, you may also attach a résumé if desired.

From (Mo/Yr)	Current (Most Recent) Employer	Job Title	# of Staff Supervised By You
To (Mo/Yr)			
Regular Hrs/Week	Street or Mailing Address	City/State/Zip Code	
Supervisor's Name		Supervisor's Title	Phone Number ()
Duties:			
From (Mo/Yr)	Employer	Job Title	# of Staff Supervised By You
To (Mo/Yr)			
Regular Hrs/Week	Street or Mailing Address	City/State/Zip Code	
Supervisor's Name		Supervisor's Title	Phone Number ()
Duties:			
From (Mo/Yr)	Employer	Job Title	# of Staff Supervised By You
To (Mo/Yr)			
Regular Hrs/Week	Street or Mailing Address	City/State/Zip Code	
Supervisor's Name		Supervisor's Title	Phone Number ()
Duties:			
From (Mo/Yr)	Employer	Job Title	# of Staff Supervised By You
To (Mo/Yr)			
Regular Hrs/Week	Street or Mailing Address	City/State/Zip Code	
Supervisor's Name		Supervisor's Title	Phone Number ()
Duties:			

REASONABLE ACCOMMODATION DURING EXAM PROCESS

If you require accommodation in the examination process because of a disability, please call (510) 271-5153 or (510) 465-3929 to discuss your needs.

RECRUITING SOURCE**HOW DID YOU LEARN OF THIS OPEN POSITION?**

☐ Bulletin Board at Superior Court locations ☐ Superior Court Job Hotline ☐ Internet Search ☐ Superior Court Website

IF ONE OF THE FOLLOWING SOURCES LISTED BELOW, PLEASE SPECIFY:

☐ Posting in Non-Court Location:

☐ Newspaper:

☐ School/Career Placement Center:

☐ Publication or Organization whose primary emphasis is diversity:

☐ Other:

CONFIDENTIAL INFORMATION

Superior Court, County of Alameda is required by the U.S. Equal Employment Opportunity Commission to collect and maintain the information requested below for EEO (Equal Employment Opportunity) statistical reporting purposes. The California Government Code permits public employers to solicit such information on a voluntary basis. The additional information that you provide will assist the Human Resources & Labor Relations Bureau in evaluating the effectiveness of its recruiting processes. All information you provide will be maintained separately from your employment application and will not be provided to Superior Court locations or divisions when you are referred for employment consideration. This information which you provide **voluntarily** will be kept confidential.

Title of position you are applying for:

Sex: ☐ Male ☐ Female

Are you over age 40? Yes ☐ No ☐

Date:

RACIAL OR ETHNIC GROUP (Please check or complete one box only)

☐ **AMERICAN INDIAN OR ALASKAN NATIVE:** All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

☐ **ASIAN:** All persons having origins in any of the original peoples of the Far East, Southeast Asia or the Indian Subcontinent. The area includes, for example, China, India, Japan and Korea.

☐ **BLACK (Not of Hispanic Origin):** All persons having origins in any of the Black racial groups of Africa.

☐ **FILIPINO:** All persons having origins in the peoples of the Philippine Islands.

☐ **HISPANIC:** All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

☐ **NATIVE HAWAIIAN OR PACIFIC ISLANDER:** All persons having origins in any of the Hawaiian or Pacific Islands.

☐ **WHITE (Not of Hispanic Origin):** All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

☐ **TWO OR MORE RACES:**

☐ **OTHER (Please specify):**

ARE YOU AN INDIVIDUAL WITH A DISABILITY? Yes ☐ No ☐